

ARIZONA CORPORATION COMMISSION
UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY

W-03514A
Payson Water Co., Inc.
P.O. Box 82218
Bakersfield, CA 93380

P
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MAY 15 2008

AZ CORP COMM
Director Utilities

ANNUAL REPORT

FOR YEAR ENDING

12	31	2007
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FOR COMMISSION USE

ANN04	07
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5-16-08

COMPANY INFORMATION

Company Name (Business Name): Payson Water Co., Inc.

Mailing Address: P.O. Box 82218
(Street)

Bakersfield CA 93380
(City) (State) (Zip)

800-270-6084 or 661-633-7546 800-748-6981
Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code)

Email Address: customerservice@brookeutilities.com or mistiej@brookeutilities.com

Local Office Mailing Address: 1010 S. Stover Rd.

Payson Arizona 85541
(City) (State) (Zip)

928-447-8130 928-472-8747
Local Office Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code)

Email Address davida@brookeutilities.com

MANAGEMENT INFORMATION

Management Contact: Robert T. Hardcastle Managing Member
(Name) (Title)

P.O. Box 82218 Bakersfield CA 93380
(Street) (City) (State) (Zip)

661-633-7526 800-748-6981
Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code)

Email Address: rth@brookeutilities.com

On Site Manager: David Allred
(Name)

1010 S. Stover Rd. Payson AZ 85541
(Street) (City) (State) (Zip)

928-447-8130 928-472-8747
Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code)

Email Address: davida@brookeutilities.com

☒ Please mark this box if the above address(es) have changes or are updated since the last filing.

Statutory Agent: Robert T. Hardcastle
(Name)

P.O. Box 82218
(Street)

Bakersfield
(City)

CA
(State)

93380
(Zip)

661-633-7526

800-748-6981

Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Pager/Cell No. (Include Area Code)

Attorney: Jay Shapiro with Fennemore Craig
(Name)

3003 N. Central Ave. Ste. 2600
(Street)

Phoenix
(City)

AZ
(State)

85012
(Zip)

602-916-5000

602-916-5566

Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Pager/Cell No. (Include Area Code)

Email Address JLShapiro@fclaw.com

☒ Please mark this box if the above address(es) have changed or are updated since the last filing.

OWNERSHIP INFORMATION

Check the following box that applies to your company:

☐ Sole Proprietor (S)

☐ C Corporation (C) (Other than Association/Co-op)

☐ Partnership (P)

☐ Subchapter S Corporation (Z)

☐ Bankruptcy (B)

☐ Association/Co-op (A)

☐ Receivership (R)

☒ Limited Liability Company

☐ Other (Describe)

COUNTIES SERVED

Check the box for the county/ies in which you are certified to provide service:

<input type="checkbox"/> APACHE	<input type="checkbox"/> COCHISE	<input type="checkbox"/> COCONINO
<input checked="" type="checkbox"/> GILA	<input type="checkbox"/> GRAHAM	<input type="checkbox"/> GREENLEE
<input type="checkbox"/> LA PAZ	<input type="checkbox"/> MARICOPA	<input type="checkbox"/> MOHAVE
<input type="checkbox"/> NAVAJO	<input type="checkbox"/> PIMA	<input type="checkbox"/> PINAL
<input type="checkbox"/> SANTA CRUZ	<input type="checkbox"/> YAVAPAI	<input type="checkbox"/> YUMA
<input type="checkbox"/> STATEWIDE		

COMPANY NAME: PAYSON WATER COMPANY, INC**UTILITY PLANT IN SERVICE**

Acct. No.	DESCRIPTION	Original Cost (OC)	Accumulated Depreciation (AD)	O.C.L.D (OC less AD)
301	Organization	300	256	44
302	Franchises			
303	Land and Land Rights	22,391	13,393	8,998
304	Structures and Improvements	212,082	132,694	79,388
307	Wells and Springs	355,575	227,969	127,606
311	Pumping Equipment	222,684	99,521	123,163
320	Water Treatment Equipment	13,265	4,975	8,290
330	Distribution Reservoirs and Standpipes	359,691	171,025	188,666
331	Transmission and Distribution Mains	597,066	383,347	213,719
333	Services	111,038	77,494	33,544
334	Meters and Meter Installations	263,297	96,412	166,885
335	Hydrants	1,589	528	1,061
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment	413,592	281,291	132,301
340	Office Furniture and Equipment			
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment	7,666	1,968	5,698
346	Communication Equipment	12,576	991	11,585
347	Miscellaneous Equipment			
348	Other Tangible Plant	665	131	534
	TOTALS	2,593,477	1,491,995	1,101,482

This amount goes on the Balance Sheet Acct. No.108



COMPANY NAME: PAYSON WATER COMPANY, INC

CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
301	Organization	300	2.76%	8
302	Franchises			
303	Land and Land Rights	22,391	3.12%	699
304	Structures and Improvements	212,082	3.09%	6,558
307	Wells and Springs	355,575	3.16%	11,249
311	Pumping Equipment	222,684	2.80%	6,244
320	Water Treatment Equipment	13,265	3.04%	403
330	Distribution Reservoirs and Standpipes	359,691	3.12%	11,210
331	Transmission and Distribution Mains	597,066	3.14%	18,747
333	Services	111,038	3.13%	3,478
334	Meters and Meter Installations	263,297	2.89%	7,618
335	Hydrants	1,589	3.21%	51
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment	413,592	3.18%	13,172
340	Office Furniture and Equipment			
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment	7,666	3.18%	244
346	Communication Equipment	12,576	2.43%	305
347	Miscellaneous Equipment			
348	Other Tangible Plant	665	2.86%	19
	TOTALS	2,593,477	3.08%	80,005

This amount goes on Comparative Statement of Income and Expense
Acct. No.403.

COMPANY NAME: PAYSON WATER COMPANY, INC

BALANCE SHEET

Acct. No.	ASSETS	BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	CURRENT AND ACCRUED ASSETS		
131	Cash	\$ -	\$ -
134	Working Funds		
135	Temporary Cash Investments		
141	Customer Accounts Receivable	15,955	21,853
146	Notes/Receivables from Associated Company		
151	Plant Materials and Supplies		
162	Prepayments		
174	Miscellaneous Current and Accrued Assets	101,543	113,546
	TOTAL CURRENT AND ACCRUED ASSETS	\$ 117,498	\$ 135,399
	FIXED ASSETS		
101	Utility Plant in Service	\$ 2,536,649	\$ 2,593,477
103	Property Held for Future Use		
105	Construction Work in Progress		
108	Accumulated Depreciation - Utility Plant	(1,411,990)	(1,491,994)
121	Not-Utility Property		
122	Accumulated Depreciation - Non Utility		
	TOTAL FIXED ASSETS	\$ 1,124,659	\$ 1,101,483
	DEFERRED INCOME TAX DEBITS	\$ 516,000	\$ 516,000
	TOTAL ASSETS	\$ 1,758,157	\$ 1,752,882

NOTE: The Assets on this page should be equal to **Total Liabilities and Capital** on the following page

COMPANY NAME: PAYSON WATER COMPANY, INC

BALANCE SHEET (CONTINUED)

Acct. No.	LIABILITIES	BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	CURRENT LIABILITIES		
231	Accounts Payable	\$ 537	\$ 15,271
232	Notes Payable (Current Portion)		
234	Notes/Accounts Payable to Associated Company		
235	Customer Deposits	37,068	34,548
236	Accrued Taxes		
237	Accrued Interest		
241	Miscellaneous Current and Accrued Liabilities	29,284	9,383
	TOTAL CURRENT LIABILITIES	\$ 66,889	\$ 59,202
	LONG-TERM DEBT (Over 12 Months)		
224	Long-term Notes and Bonds	\$ -	\$ -
	Deferred Credits		
251	Unamortized Premium on Debt		
	Refundable Meter Advances	\$ 88,930	\$ 80,271
252	Advances in Aid of Construction		
255	Accumulated Deferred Investment Tax Credits		
271	Contributions in Aid of Construction	883,744	883,744
272	Less: Amortization of Contributions	(443,224)	(471,503)
281	Accumulated Deferred Income Taxes		
	TOTAL DEFERRED CREDITS	\$ 529,450	\$ 492,512
	TOTAL LIABILITIES	\$ 596,339	\$ 551,714
	CAPITAL ACCOUNTS		
201	Common Stock Issued	\$ 646,630	\$ 646,630
211	Paid In Capital in Excess of Par Value	364,385	364,385
215	Retained Earnings	150,803	190,153
218	Proprietary Capital (Sole Props & Partnerships)		
	TOTAL CAPITAL	\$ 1,161,818	\$ 1,201,168
	TOTAL LIABILITIES AND CAPITAL	\$ 1,758,157	\$ 1,752,882

COMPANY NAME: PAYSON WATER COMPANY, INC

COMPARATIVE STATEMENT OF INCOME AND EXPENSE

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
461	Metered Water Revenue	\$ 508,106	\$ 508,165
460	Unmetered Water Revenue		
474	Other Water Revenues	9,862	8,131
	TOTAL REVENUES	\$ 517,968	\$ 516,296
	OPERATING EXPENSES		
601	Salaries and Wages	\$ 85,960	\$ 111,707
610	Purchased Water	14,846	9,751
615	Purchased Power	47,751	39,570
618	Chemicals	470	1,878
620	Repairs & Maintenance		
621	Office Supplies and Expense		
630	Outside Services	25,121	48,843
635	Water Testing	9,413	14,624
641	Rents	4,120	924
650	Transportation Expenses	2,196	2,197
657	Insurance - General Liability		
659	Insurance - Health and Life	6,270	7,038
666	Regulatory Commission Expense - Rate Case	3,408	1,182
675	Miscellaneous Expense	61,243	102,451
403	Depreciation Expense	78,493	80,005
408	Taxes Other Than Income	32,116	32,872
408.11	Property Taxes	28,247	27,009
409	Income Tax		
	TOTAL OPERATING EXPENSES	\$ 399,654	\$ 480,051
	OPERATING INCOME/(LOSS)	\$ 118,314	\$ 36,245
	OTHER INCOME/EXPENSE		
419	Interest and Dividend Income	\$ -	\$ -
421	Non-Utility Income	730	4,774
426	Miscellaneous Non-Utility Expenses		
427	Interest Expense	(1,743)	(1,669)
	TOTAL OTHER INCOME/EXPENSE	\$ (1,013)	\$ 3,105
	NET INCOME/(LOSS)	\$ 117,301	\$ 39,350

COMPANY NAME: PAYSON WATER CO., INC.

SUPPLEMENTAL FINANCIAL DATA

Long-Term Debt

	LOAN #1	LOAN #2	LOAN #3	LOAN #4
Date Issued				
Source of Loan				
ACC Decision No.				
Reason for Loan				
Dollar Amount Issued	\$	\$	\$	\$
Amount Outstanding	\$	\$	\$	\$
Date of Maturity				
Interest Rate	%	%	%	%
Current Year Interest	\$	\$	\$	\$
Current Year Principal	\$	\$	\$	\$

Meter Deposit Balance at Test Year End

\$

Meter Deposits Refunded During the Test Year

§

COMPANY NAME: PAYSON WATER CO., INC.

Name of System: Mead's Ranch Water System

ADEQ Public Water System Number (If applicable): PWS 04-015

WATER COMPANY PLANT DESCRIPTION

WELLS

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled

* Arizona Department of Water Resources Identification Number

OTHER WATER SOURCES

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)
None	N/A	N/A

BOOSTER PUMPS		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME: PAYSON WATER CO., INC.

Name of System: Mead's Ranch Water System ADEQ Public Water System Number (If applicable): PWS 04-015

WATER COMPANY PLANT DESCRIPTION (CONTINUED)

MAINS

Size (in inches)	Material	Length (in feet)
2		
3		
4		
5		
6		
8		
10		
12		

CUSTOMER METERS

Size (in inches)	Quantity
5/8 X 3/4	
3/4	
1	
1 1/2	
2	
Comp. 3	
Turbo 3	
Comp. 4	
Turbo 4	
Comp. 6	
Turbo 6	

For the following three items, list the utility owned assets in each category.

TREATMENT EQUIPMENT:

STRUCTURES:

OTHER:

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME: PAYSON WATER CO., INC.

Name of System: East Verde Estates Water System ADEQ Public Water System Number (If applicable): PWS 04-026

WATER COMPANY PLANT DESCRIPTION

WELLS

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled

* Arizona Department of Water Resources Identification Number

OTHER WATER SOURCES

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)
None	N/A	N/A

BOOSTER PUMPS		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME: PAYSON WATER CO., INC.	
Name of System: East Verde Estates Water System	ADEQ Public Water System Number (If applicable): PWS 04-026

WATER COMPANY PLANT DESCRIPTION (CONTINUED)

MAINS		
Size (in inches)	Material	Length (in feet)
2		
3		
4		
5		
6		
8		
10		
12		

CUSTOMER METERS	
Size (in inches)	Quantity
5/8 X 3/4	
3/4	
1	
1 1/2	
2	
Comp. 3	
Turbo 3	
Comp. 4	
Turbo 4	
Comp. 6	
Turbo 6	

For the following three items, list the utility owned assets in each category.

TREATMENT EQUIPMENT:

STRUCTURES:

OTHER:

COMPANY NAME: PAYSON WATER CO., INC.

Name of System: Flowing Springs Water System

ADEQ Public Water System Number (If applicable): PWS 04-027

WATER COMPANY PLANT DESCRIPTION

WELLS

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled

* Arizona Department of Water Resources Identification Number

OTHER WATER SOURCES

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)
None	N/A	N/A

BOOSTER PUMPS		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME: PAYSON WATER CO., INC.

Name of System: Flowing Springs Water System ADEQ Public Water System Number (If applicable): PWS 04-027

WATER COMPANY PLANT DESCRIPTION (CONTINUED)

MAINS

Size (in inches)	Material	Length (in feet)
2		
3		
4		
5		
6		
8		
10		
12		

CUSTOMER METERS

Size (in inches)	Quantity
5/8 X 3/4	
3/4	
1	
1 1/2	
2	
Comp. 3	
Turbo 3	
Comp. 4	
Turbo 4	
Comp. 6	
Turbo 6	

For the following three items, list the utility owned assets in each category.

TREATMENT EQUIPMENT:

STRUCTURES:

OTHER:

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME: PAYSON WATER CO., INC.

Name of System: Geronimo Estates Water System ADEQ Public Water System Number (If applicable): PWS 04-028

WATER COMPANY PLANT DESCRIPTION

WELLS

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled

* Arizona Department of Water Resources Identification Number

OTHER WATER SOURCES

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)
None	N/A	N/A

BOOSTER PUMPS		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME: PAYSON WATER CO., INC.

Name of System: Geronimo Estates Water System ADEQ Public Water System Number (If applicable): PWS 04-028

WATER COMPANY PLANT DESCRIPTION (CONTINUED)

MAINS

Size (in inches)	Material	Length (in feet)
2		
3		
4		
5		
6		
8		
10		
12		

CUSTOMER METERS

Size (in inches)	Quantity
5/8 X 3/4	
3/4	
1	
1 1/2	
2	
Comp. 3	
Turbo 3	
Comp. 4	
Turbo 4	
Comp. 6	
Turbo 6	

For the following three items, list the utility owned assets in each category.

TREATMENT EQUIPMENT:

STRUCTURES:

OTHER:

COMPANY NAME: PAYSON WATER CO., INC.

Name of System: Mesa Del Caballo Water System ADEQ Public Water System Number (If applicable): PWS 04-030

WATER COMPANY PLANT DESCRIPTION

WELLS

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled

* Arizona Department of Water Resources Identification Number

OTHER WATER SOURCES

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)
None	N/A	N/A

BOOSTER PUMPS		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME: PAYSON WATER CO., INC.

Name of System: Mesa Del Caballo Water System ADEQ Public Water System Number (If applicable): PWS 04-030

WATER COMPANY PLANT DESCRIPTION (CONTINUED)

MAINS

Size (in inches)	Material	Length (in feet)
2		
3		
4		
5		
6		
8		
10		
12		

CUSTOMER METERS

Size (in inches)	Quantity
5/8 X 3/4	
3/4	
1	
1 1/2	
2	
Comp. 3	
Turbo 3	
Comp. 4	
Turbo 4	
Comp. 6	
Turbo 6	

For the following three items, list the utility owned assets in each category.

TREATMENT EQUIPMENT:

STRUCTURES:

OTHER:

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME: PAYSON WATER CO., INC.

Name of System: Star Valley Water System ADEQ Public Water System Number (If applicable): PWS 04-037

WATER COMPANY PLANT DESCRIPTION

WELLS

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled

* Arizona Department of Water Resources Identification Number

OTHER WATER SOURCES

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)
None	N/A	N/A

BOOSTER PUMPS		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME: PAYSON WATER CO., INC.

Name of System: Star Valley Water System ADEQ Public Water System Number (If applicable): PWS 04-037

WATER COMPANY PLANT DESCRIPTION (CONTINUED)

MAINS

Size (in inches)	Material	Length (in feet)
2		
3		
4		
5		
6		
8		
10		
12		

CUSTOMER METERS

Size (in inches)	Quantity
5/8 X 3/4	
3/4	
1	
1 1/2	
2	
Comp. 3	
Turbo 3	
Comp. 4	
Turbo 4	
Comp. 6	
Turbo 6	

For the following three items, list the utility owned assets in each category.

TREATMENT EQUIPMENT:

STRUCTURES:

OTHER:

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME: PAYSON WATER CO., INC.

Name of System: Whispering Pines Water System ADEQ Public Water System Number (If applicable): PWS 04-039

WATER COMPANY PLANT DESCRIPTION

WELLS

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled

* Arizona Department of Water Resources Identification Number

OTHER WATER SOURCES

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)
None	N/A	N/A

BOOSTER PUMPS		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME: PAYSON WATER CO., INC.

Name of System: Whispering Pines Water System ADEQ Public Water System Number (If applicable): PWS 04-039

WATER COMPANY PLANT DESCRIPTION (CONTINUED)

MAINS

Size (in inches)	Material	Length (in feet)
2		
3		
4		
5		
6		
8		
10		
12		

CUSTOMER METERS

Size (in inches)	Quantity
5/8 X 3/4	
3/4	
1	
1 1/2	
2	
Comp. 3	
Turbo 3	
Comp. 4	
Turbo 4	
Comp. 6	
Turbo 6	

For the following three items, list the utility owned assets in each category.

TREATMENT EQUIPMENT:

STRUCTURES:

OTHER:

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME: PAYSON WATER CO., INC.

Name of System: Deer Creek Water System ADEQ Public Water System Number (If applicable): PWS 04-064

WATER COMPANY PLANT DESCRIPTION

WELLS

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled

* Arizona Department of Water Resources Identification Number

OTHER WATER SOURCES

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)
None	N/A	N/A

BOOSTER PUMPS		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME: PAYSON WATER CO., INC.	
Name of System: Deer Creek Water System	ADEQ Public Water System Number (If applicable): PWS 04-064

WATER COMPANY PLANT DESCRIPTION (CONTINUED)

MAINS		
Size (in inches)	Material	Length (in feet)
2		
3		
4		
5		
6		
8		
10		
12		

CUSTOMER METERS	
Size (in inches)	Quantity
5/8 X 3/4	
3/4	
1	
1 1/2	
2	
Comp. 3	
Turbo 3	
Comp. 4	
Turbo 4	
Comp. 6	
Turbo 6	

For the following three items, list the utility owned assets in each category.

TREATMENT EQUIPMENT:

STRUCTURES:

OTHER:

COMPANY NAME: PAYSON WATER CO., INC.

Name of System: Gisela Water System ADEQ Public Water System Number (If applicable): PWS 04-346

WATER COMPANY PLANT DESCRIPTION

WELLS

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled

* Arizona Department of Water Resources Identification Number

OTHER WATER SOURCES

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)
None	N/A	N/A

BOOSTER PUMPS		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME: PAYSON WATER CO., INC.

Name of System: Gisela Water System ADEQ Public Water System Number (If applicable): PWS 04-346

WATER COMPANY PLANT DESCRIPTION (CONTINUED)

MAINS

Size (in inches)	Material	Length (in feet)
2		
3		
4		
5		
6		
8		
10		
12		

CUSTOMER METERS

Size (in inches)	Quantity
5/8 X 3/4	
3/4	
1	
1 1/2	
2	
Comp. 3	
Turbo 3	
Comp. 4	
Turbo 4	
Comp. 6	
Turbo 6	

For the following three items, list the utility owned assets in each category.

TREATMENT EQUIPMENT:

STRUCTURES:

OTHER:

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME: PAYSON WATER CO., INC.

Name of System: Mead's Ranch Water System ADEQ Public Water System Number (If applicable): PWS 04-015

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2007

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			
TOTAL			

What is the level of arsenic for each well on your system? _____Mg/l

(If more than one well, please list each separately.)

If system has fire hydrants, what is the fire flow requirement? _____GPM for _____hrs

If system has chlorination treatment, does this treatment system chlorinate continuously?

☐ Yes

☐ No

Is the Water Utility located in an ADWR Active Management Area (AMA)?

☐ Yes

☐ No

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?

☐ Yes

☐ No

If yes, provide the GPCPD amount: _____

Note: If you are filing for more than one system, please provide separate data sheets for each system.

COMPANY NAME: PAYSON WATER CO., INC.	
Name of System: East Verde Estates Water System	ADEQ Public Water System Number (If applicable): PWS 04-026

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2007

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD	GALLON PUMPED (Thousands)
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			
TOTAL			

What is the level of arsenic for each well on your system? _____Mg/l
(If more than one well, please list each separately.)

If system has fire hydrants, what is the fire flow requirement? _____GPM for _____hrs

If system has chlorination treatment, does this treatment system chlorinate continuously?
☐ Yes ☐ No

Is the Water Utility located in an ADWR Active Management Area (AMA)?
☐ Yes ☐ No

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?
☐ Yes ☐ No

If yes, provide the GPCPD amount: _____

Note: If you are filing for more than one system, please provide separate data sheets for each system.

COMPANY NAME: PAYSON WATER CO., INC.	
Name of System: Flowing Springs Water System	ADEQ Public Water System Number (If applicable): PWS 04-027

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2007

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD	GALLON PUMPED (Thousands)
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			
TOTAL			

What is the level of arsenic for each well on your system? _____Mg/l
(If more than one well, please list each separately.)

If system has fire hydrants, what is the fire flow requirement? _____GPM for _____hrs

If system has chlorination treatment, does this treatment system chlorinate continuously?

☐ Yes ☐ No

Is the Water Utility located in an ADWR Active Management Area (AMA)?

☐ Yes ☐ No

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?

☐ Yes ☐ No

If yes, provide the GPCPD amount: _____

Note: If you are filing for more than one system, please provide separate data sheets for each system.

COMPANY NAME: PAYSON WATER CO., INC.	
Name of System: Geronimo Estates Water System	ADEQ Public Water System Number (If applicable): PWS 04-028

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2007

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			
TOTAL			

What is the level of arsenic for each well on your system? _____Mg/l
(If more than one well, please list each separately.)

If system has fire hydrants, what is the fire flow requirement? _____GPM for _____hrs

If system has chlorination treatment, does this treatment system chlorinate continuously?

☐ Yes ☐ No

Is the Water Utility located in an ADWR Active Management Area (AMA)?

☐ Yes ☐ No

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?

☐ Yes ☐ No

If yes, provide the GPCPD amount: _____

Note: If you are filing for more than one system, please provide separate data sheets for each system.

COMPANY NAME: PAYSON WATER CO., INC.	
Name of System: Mesa Del Caballo Water System	ADEQ Public Water System Number (If applicable): PWS 04-030

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2007

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			
TOTAL			

What is the level of arsenic for each well on your system? _____Mg/l

(If more than one well, please list each separately.)

If system has fire hydrants, what is the fire flow requirement? _____GPM for _____hrs

If system has chlorination treatment, does this treatment system chlorinate continuously?

☐ Yes ☐ No

Is the Water Utility located in an ADWR Active Management Area (AMA)?

☐ Yes ☐ No

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?

☐ Yes ☐ No

If yes, provide the GPCPD amount: _____

Note: If you are filing for more than one system, please provide separate data sheets for each system.

COMPANY NAME: PAYSON WATER CO., INC.	
Name of System: Star Valley Water System	ADEQ Public Water System Number (If applicable): PWS 04-037

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2007

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			
TOTAL			

What is the level of arsenic for each well on your system? _____Mg/l
(If more than one well, please list each separately.)

If system has fire hydrants, what is the fire flow requirement? _____GPM for _____hrs

If system has chlorination treatment, does this treatment system chlorinate continuously?

☐ Yes ☐ No

Is the Water Utility located in an ADWR Active Management Area (AMA)?

☐ Yes ☐ No

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?

☐ Yes ☐ No

If yes, provide the GPCPD amount: _____

Note: If you are filing for more than one system, please provide separate data sheets for each system.

COMPANY NAME: PAYSON WATER CO., INC.	
Name of System: Whispering Pines Water System	ADEQ Public Water System Number (If applicable): PWS 04-039

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2007

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			
TOTAL			

What is the level of arsenic for each well on your system? _____Mg/l
(If more than one well, please list each separately.)

If system has fire hydrants, what is the fire flow requirement? _____GPM for _____hrs

If system has chlorination treatment, does this treatment system chlorinate continuously?

☐ Yes ☐ No

Is the Water Utility located in an ADWR Active Management Area (AMA)?

☐ Yes ☐ No

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?

☐ Yes ☐ No

If yes, provide the GPCPD amount: _____

Note: If you are filing for more than one system, please provide separate data sheets for each system.

COMPANY NAME: PAYSON WATER CO., INC.	
Name of System: Deer Creek Water System	ADEQ Public Water System Number (If applicable): PWS 04-064

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2007

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			
TOTAL			

What is the level of arsenic for each well on your system? _____Mg/l
(If more than one well, please list each separately.)

If system has fire hydrants, what is the fire flow requirement? _____GPM for _____hrs

If system has chlorination treatment, does this treatment system chlorinate continuously?

☐ Yes ☐ No

Is the Water Utility located in an ADWR Active Management Area (AMA)?

☐ Yes ☐ No

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?

☐ Yes ☐ No

If yes, provide the GPCPD amount: _____

Note: If you are filing for more than one system, please provide separate data sheets for each system.

COMPANY NAME: PAYSON WATER CO., INC.	
Name of System: Gisela Water System	ADEQ Public Water System Number (If applicable): PWS 04-346

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2007

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			
TOTAL			

What is the level of arsenic for each well on your system? _____Mg/l
(If more than one well, please list each separately.)

If system has fire hydrants, what is the fire flow requirement? _____GPM for _____hrs

If system has chlorination treatment, does this treatment system chlorinate continuously?

☐ Yes ☐ No

Is the Water Utility located in an ADWR Active Management Area (AMA)?

☐ Yes ☐ No

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?

☐ Yes ☐ No

If yes, provide the GPCPD amount: _____

Note: If you are filing for more than one system, please provide separate data sheets for each system.

COMPANY NAME: PAYSON WATER CO., INC.

YEAR ENDING 12/31/2007

PROPERTY TAXES

Amount of actual property taxes paid during Calendar Year 2007 was: \$

Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year.

If no property taxes paid, explain why. _____

**VERIFICATION
AND
SWORN STATEMENT
Taxes**

RECEIVED

MAY 15 2008

AZ CORP COMM
Director Utilities

VERIFICATION

STATE OF California

I, THE UNDERSIGNED

OF THE

<small>COUNTY OF (COUNTY NAME)</small> Kern
<small>NAME (OWNER OR OFFICIAL) TITLE</small> Robert T. Hardcastle
<small>COMPANY NAME</small> PAYSON WATER CO., INC.

DO SAY THAT THIS ANNUAL UTILITY PROPERTY TAX AND SALES TAX REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

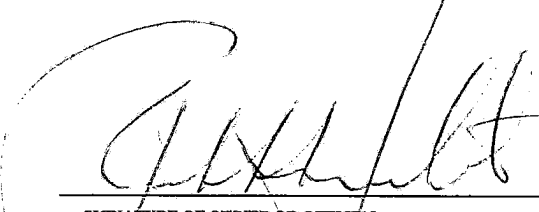
<small>MONTH</small>	<small>DAY</small>	<small>YEAR</small>
12	31	2007

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

I HEREBY ATTEST THAT ALL PROPERTY TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

I HEREBY ATTEST THAT ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.



SIGNATURE OF OWNER OR OFFICIAL
661 633 7526

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

DAY OF

(SEAL)

<small>COUNTY NAME</small>	
<small>MONTH</small>	<small>20__</small>

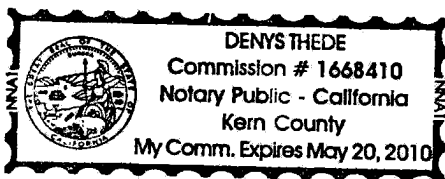
MY COMMISSION EXPIRES _____

SIGNATURE OF NOTARY PUBLIC

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California }
County of Kern } ss.

On May 14, 2008, before me, Denys Thede, Notary Public, personally appeared Robert T. Hardcastle, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.



WITNESS my hand and official seal.

A handwritten signature in cursive script, appearing to read 'Denys Thede', written over a horizontal line.

OPTIONAL

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of pages: _____

Signer(s) other than named above: _____

Capacity(ies) Claimed by Signer

Signer's Name: _____
☐ Individual
☐ Corporate Officer - Title(s): _____
☐ Partner - ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Right thumbprint of
signer

Top of thumb here

Signer is representing: _____

COMPANY NAME: PAYSON WATER CO., INC. YEAR ENDING 12/31/2007

INCOME TAXES

For this reporting period, provide the following:

Federal Taxable Income Reported \$
Estimated or Actual Federal Tax Liability \$ 0

State Taxable Income Reported \$
Estimated or Actual State Tax Liability \$ 0

Amount of Grossed-Up Contributions/Advances:

Amount of Contributions/Advances _____
Amount of Gross-Up Tax Collected _____
Total Grossed-Up Contributions/Advances _____

Decision No. 55774 states, in part, that the utility will refund any excess gross-up funds collected at the close of the tax year when tax returns are completed. Pursuant to this Decision, if gross-up tax refunds are due to any Payer or if any gross-up tax refunds have already been made, attach the following information by Payer: name and amount of contribution/advance, the amount of gross-up tax collected, the amount of refund due to each Payer, and the date the Utility expects to make or has made the refund to the Payer.

CERTIFICATION

The undersigned hereby certifies that the Utility has refunded to Payers all gross-up tax refunds reported in the prior year's annual report. This certification is to be signed by the President or Chief Executive Officer, if a corporation; the managing general partner, if a partnership; the managing member, if a limited liability company or the sole proprietor, if a sole proprietorship.


SIGNATURE

5-14-08
DATE

Robert T. Handcastle
PRINTED NAME

President
TITLE

**VERIFICATION
AND
SWORN STATEMENT
Intrastate Revenues Only**

RECEIVED

MAY 15 2008

VERIFICATION

STATE OF California

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME) Kern
NAME (OWNER OR OFFICIAL) TITLE Robert T. Hardcastle
COMPANY NAME: PAYSON WATER CO., INC. PAYSON WATER CO., INC.

**AZ CORP COMM
Director Utilities**

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH 12	DAY 31	YEAR 2007
--------------------	------------------	---------------------

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2007 WAS:

Arizona Intrastate Gross Operating Revenues Only (\$)

\$ 521,068.78

**(THE AMOUNT IN BOX ABOVE
INCLUDES \$
IN SALES TAXES BILLED, OR COLLECTED)**

****REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)**

SIGNATURE OF OWNER OR OFFICIAL

(661) 633-7526

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS **DAY OF**

(SEAL)

COUNTY NAME	
MONTH	.20__

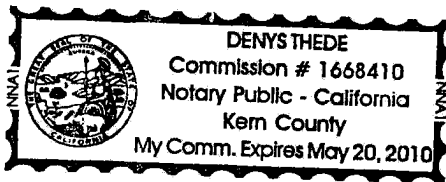
MY COMMISSION EXPIRES _____

SIGNATURE OF NOTARY PUBLIC

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California }
County of Kern } ss.

On May 14, 2008, before me, Denys Thede, Notary Public, personally appeared Robert T. Hardcastle, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.



WITNESS my hand and official seal.

A handwritten signature in dark ink, appearing to read 'Denys Thede', written over a horizontal line.

OPTIONAL

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of pages: _____

Signer(s) other than named above: _____

Capacity(ies) Claimed by Signer

Signer's Name: _____
☐ Individual
☐ Corporate Officer - Title(s): _____
☐ Partner - ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Right thumbprint of
signer

Top of thumb here

Signer is representing: _____

**VERIFICATION
AND
SWORN STATEMENT
RESIDENTIAL REVENUE
INTRASTATE REVENUES ONLY**

RECEIVED

MAY 15 2008

VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME) KERN		
NAME (OWNER OR OFFICIAL)	ROBERT T. HARDCASTLE	TITLE: MANAGING MEMBER
COMPANY NAME: PAYSON WATER CO., INC.		

**AZ CORP COMM
Director Utilities**

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2007

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

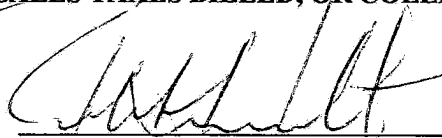
SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2007 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES \$ 521,068.78
--

**(THE AMOUNT IN BOX AT LEFT
INCLUDES \$
IN SALES TAXES BILLED, OR COLLECTED)**

***RESIDENTIAL REVENUE REPORTED ON THIS PAGE
MUST INCLUDE SALES TAXES BILLED.**



SIGNATURE OF OWNER OR OFFICIAL

661 633 7526

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

DAY OF

NOTARY PUBLIC NAME	
COUNTY NAME	
MONTH	, 20__

(SEAL)

MY COMMISSION EXPIRES

X

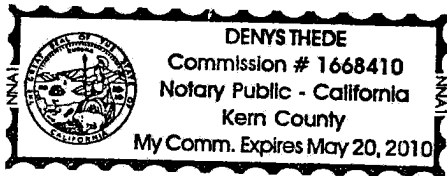
SIGNATURE OF NOTARY PUBLIC

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California }
County of Kern } ss.

On May 14, 2008, before me, Denys Thede, Notary Public, personally appeared Robert T. Hardcastle, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.



A handwritten signature in cursive script, appearing to read 'Denys Thede', written over a horizontal line.

OPTIONAL

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of pages: _____

Signer(s) other than named above: _____

Capacity(ies) Claimed by Signer

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer - Title(s): _____
☐ Partner - ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Right thumbprint of
signer

Top of thumb here

Signer is representing: _____